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7590

11/06/2006

Steven Fischman, Esq. Scully, Scott, Murphy & Presser 400 Garden City Plaza Garden City, NY 11530



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(Depositor's name)	
(Signature)	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/964.190	09/26/2001	Casimer M. DeCusatis	FIS920010143US1	1297

TITLE OF INVENTION: WAVELENGTH MODULATION FOR OPTICAL BASED SWITCHING AND ROUTING

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE 98	
nonprovisional	NO	\$1400	\$300	61931/2007 H	MARZIZ S PANDENSZ 6	02/06/2007	
EXAM	IINER	ART UNIT	CLASS-SUBCLASS	01 FC:1501 02 FC:1504	1400.00 DA 300.00 DA		
SINGH, D	OALZID E	2613	398-095000	03 FC:8001	9.00 DA	a	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			or agents OR, alternative (2) the name of a single registered attorney or a	o 3 registered patent attornively, e firm (having as a membagent) and the names of up meys or agents. If no nam	era 2	Presser, P.C. Jaklitsch, Esg.	
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							

(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) International Business Machines Corporation Armonk, New York Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🚨 Corporation or other private group entity 🚨 Government 4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) XX Issue Fee A check is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. XX The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 9-0458/IRE close an extra copy of this form). Advance Order - # of Copies 5. Change in Entity Status (from status indicated above) ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. January 8, 2007 Authorized Signature Steven Fischman, Esq. 34,594 Typed or printed name Registration No.

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